

<b>Case Number:</b>	CM15-0126039		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	08/31/2007
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female, who sustained an industrial injury on August 31, 2007. The mechanism of injury was a slip and fall while working as a bus driver. The injured worker sustained injuries to her neck and left shoulder. The injured worker was also noted to have had an industrial injury on 3/24/2008 in which she sustained injuries to her back and bilateral lower extremities. The diagnoses have included cervical pain and shoulder pain. Treatment and evaluation to date has included medications, radiological studies, MRI, pain management consultation, physical therapy, chiropractic treatments, transcutaneous electrical nerve stimulation unit, home exercise program, lumbar epidural steroid injections, psychological pain assessment, right knee replacement and a lumbar fusion. Work status was noted to be permanent and stationary. Current documentation dated June 15, 2015 notes that the injured worker reported neck, lower back and left shoulder pain. The injured worker was noted to have a slow, stooped, unsteady and antalgic gait. Examination of the cervical spine revealed no limitation in range of motion. A Spurling's maneuver was negative. Cervical facet loading was positive on the right. Examination of the bilateral shoulders revealed no swelling, deformity or limitation on range of motion. Orthopedic testing was negative. Tenderness was noted over the bilateral trapezius muscles. Motor and sensory examinations were normal. The treating physician's plan of care included a request for X-rays of the cervical spine to rule out instability of the spine, trigger point injection to the trapezius muscle and Pennsaid 2% pump 20 mg/gram/actuation (2%) #1 with 2 refills for shoulder pain.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**X-rays, cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, X-ray Section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter (acute and chronic), radiology.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) ACOEM Guidelines for neck and upper back complaints state initial studies are recommended when red flags for fracture or neurologic deficit associated with acute trauma, tumor or infection are present. The Official Disability Guidelines recommended radiography for injured workers with chronic neck pain, older than 40 with a history of trauma, first study. This injured workers industrial injury was in 2007. Current documentation notes that the injured worker had ongoing neck pain with a normal range of motion and a positive facet loading on the right. The treating physician requested cervical spine x-rays to rule out instability of the spine. The documentation supports the injured worker had prior X-rays of the back, chest, hand, ankles and knees. However, there is lack of documentation of prior cervical spine x-rays if any were performed or the results of any cervical radiography. Therefore, the request for cervical spine X-rays is not medically necessary.

**Trigger point injection for trapezius muscle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injection Page(s): 122.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome. Trigger point injections with an anesthetic are recommended for non-resolving trigger points. Trigger point injections are not recommended for radicular pain. Trigger point injection may occasionally be necessary to maintain function in patients with myofascial problems when trigger points are present on examination. Trigger point injections are not recommended for typical back pain or neck pain. Trigger point injection with a local anesthetic may be recommended for the treatment of chronic low back pain or neck pain with myofascial pain syndrome when the following criteria are met: documentation of trigger points on palpation with evidence of a twitch response as well as referred pain, symptoms have persisted more than 3 months, medical management therapies such as stretching, physical therapy, non-steroidal anti-inflammatory drugs and muscle relaxants have failed to control the pain, radiculopathy is not

present by examination or imaging, not more than 3-4 injections are provided per session, no repeat injections unless a greater than 50% pain relief is obtained for six weeks status post injections and there is documented evidence of functional improvement and frequency of injections should not be at an interval less than two months. The injured worker was noted to have tenderness over the bilateral trapezius muscles. However, there is lack of documentation of palpable trigger points, a twitch response upon palpation or the presence of referred pain as required by the guidelines. The request for a trigger point injection to the trapezius muscle is not medically necessary.

**Pennsaid 2% pump 20 mg/gram/actuation (2%) #1 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Pennsaid.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines notes that topical analgesics are recommended as an option in certain circumstances. "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." The Official Disability Guidelines do not recommend Pennsaid as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory drug (NSAID) or contraindications to oral NSAIDs and after considering the increased risk profile with diclofenac, including topical formulations. In studies Pennsaid was as effective as oral diclofenac, but was much better tolerated. The FDA approved Pennsaid Topical Solution in 2009 for the treatment of the signs and symptoms of osteoarthritis of the knee and the FDA requires a Risk Evaluation and Mitigation Strategy (REMS) from the manufacturer to ensure that the benefits of this drug outweigh its risks. In this case, the injured worker reported chronic neck, back and shoulder pain which was worse with activity. There is lack of documentation of prior oral NSAID therapy. There is lack of documentation of contraindications for the use of oral NSAIDs in this injured worker. Pennsaid is recommended after failure of a documented trial of oral NSAIDs which was not found in the medical records. The request for Pennsaid is not medically necessary.